U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

AIG15205	For Official Use Only	
	/	
E Q B OF	E PARTY	E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 72 4/	2. Fiscal Year Covered From:
	1 / 1 /2004 Through: 12/31 /2004
Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Steven Makie	Name Roofers + Waterproofers Local Union #95
	Labor Organization File Number 034-601
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 6231 Wichita Ct.	Street 293 Brokaw Rd.
City San Jose	City Santa Clara
State CA ZIP Code + 4 95/23	State CA ZIP Code + 4 95050
5. Position in labor organization.  President	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).  Name Roofers + Water proofers Journey levely  Apprentice Training Program  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
P.O. Box, Bldg., Room No., if any	7.b. Amount
Street 293 Brokaw Rd.	#63,707.60
City Santa Clara	05,101.00
State CA ZIP Code + 4 95050	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)
the first desired, and complete. (See the section on penalties in the instructions.)

Signed Three Make

On 8-8-05

408-28/-335/

Date

Telephone Number